

## License Application and Limitations

**37.106.2809 LICENSE APPLICATION PROCESS**

(1) Application for a license accompanied by the required fee shall be made to the Department of Public Health and Human Services, Quality Assurance Division, Licensure Bureau, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953 upon forms provided by the department and shall include full and complete information as to the identity of:

- (a) each officer and director of the corporation, if organized as a corporation;
- (b) each general partner if organized as a partnership or limited liability partnership;
- (c) name of the administrator and administrator's qualifications;
- (d) name, address and phone number of the management company if applicable;
- (e) physical location address, mailing address and phone number of the facility;
- (f) maximum number of A beds and B beds in the facility;
- (g) policies and procedures as outlined in ARM 37.106.2815; and
- (h) the resident agreement, as outlined in ARM 37.106.2831, intended to be used.

(2) Every facility shall have distinct identification or name and shall notify the department in writing within 30 days prior to changing such identification or name.

(3) Each Assisted Living facility shall promptly report to the department any plans to relocate the facility at least 30 days prior to effecting such a move.

(4) In the event of a facility change of ownership, the new owners shall provide the department the following:

- (a) a completed application with fee;
  - (b) a copy of the fire inspection conducted within the past year;
  - (c) policies and procedures as prescribed in ARM 37.106.2815 of this chapter;
    - (i) if applicable, a written statement indicating that the same policies and procedures will be used is required;
  - (d) a copy of the resident agreement as outlined in ARM 37.106.2823 to be used; and
  - (e) documentation of compliance with ARM 37.106.2814.
- (5) Under a change of ownership, the seller shall return to the department the Assisted Living license under which the facility had been previously operated. This information must be sent to the Department of Public Health and Human Services, Quality Assurance Division, Licensure Bureau, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.

(History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02.)

**37.106.2810 LICENSE RESTRICTIONS**

(1) A license is not subject to sale, assignment or other transfer, voluntary or involuntary.

(2) A license is valid only for the premises for which the original license was issued.

(3) The license remains the property of the department and shall be returned to the department upon closing or transfer of ownership.

- (a) The address for returning the license is Department of Public Health and Human Services, Quality Assurance Division, Licensure Bureau, 2401 Colonial Drive, P.O. Box 202953, Helena, MT 59620-2953.

(History: Sec. 50-5-103, 50-5-226 and 50-5-227, MCA; IMP, Sec. 50-5-225, 50-5-226 and 50-5-227, MCA; NEW, 2002 MAR p. 3638, Eff. 12/27/02.)